

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1957

23409

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rock-Port Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jda</u> Middle <u>mae</u> Last <u>Benton</u>				4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 27-1881</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>7</u> Min.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Marion Ohio</u>	
13. FATHER'S NAME <u>alphie uncapen</u>				14. MOTHER'S MAIDEN NAME <u>Mary Frances Jones</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>515-18-2318</u>		17. INFORMANT <u>Howard Benton</u> Address <u>Rock-Port Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Insufficiency,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Malignant Melanoma R.T. ARM</u> DUE TO (c) <u>with metastasis to liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u> <u>18 Months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>4:45</u> Month <u>Dec</u> Day <u>10</u> Year <u>1957</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dec. 1955</u> to <u>July 10, 1957</u> and last saw her alive on <u>July 10, 1957</u> Death occurred at <u>4:45</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James R. Allan, M.D.</u>				22b. ADDRESS <u>Rock Port, Mo</u>		22c. DATE SIGNED <u>7-12-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>July 13-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Tarkio Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Tarkio Mo</u>	
24. FUNERAL DIRECTOR <u>Bestman's Funeral Home - Rock-Port</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>July 16, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed E E Bonham

Licensed Embalmer No. 174

P. O. Address Post P.O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.